

# **2000 Monthly Action Kit**

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## **How Communities Can Strengthen Their Strategies to Fight Drug Abuse Using Research from the National Institute on Drug Abuse (NIDA)**

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## HOW COMMUNITIES CAN STRENGTHEN THEIR STRATEGIES TO FIGHT DRUG ABUSE USING RESEARCH FROM THE NATIONAL INSTITUTE ON DRUG ABUSE (NIDA)

Join Together's Action Kits encourage a broad array of groups and individuals to *take action* on timely issues affecting their communities. Our goal is to help reduce substance abuse at the local level. Our experience and results of our national survey indicate that communities that have strategies are more successful in their efforts. An effective strategy is developed when *local leadership* uses *local data* to assess – and respond to – local problems by forging *linkages* with other groups who can help. We encourage you *to use* the information presented here to develop, implement or revise your local strategy to reduce substance abuse.

***This Action Kit was produced with funds generously provided by the National Institute on Drug Abuse.*** NIDA's mission is to lead the Nation in bringing the power of science to bear on drug abuse and addiction.

How can communities enhance their efforts to fight drug abuse? One way is by using the facts and findings from research conducted by the National Institute on Drug Abuse (NIDA) to make local prevention and treatment programs more effective. NIDA has done extensive research on the causes and effects of drug abuse and identified common principles shared by successful effective prevention and treatment efforts. Over the last few years, NIDA has been sharing these findings broadly with community leaders at Town Meetings held across the country and other venues. You, too, can use NIDA's principles of effective prevention and treatment programs and the latest information regarding the effects of drug use on the brain to guide your community's response to local drug problems. For instance, NIDA reports that effective prevention programs comprehensively target *all* forms of drug abuse, including tobacco, alcohol, marijuana and inhalants. Do the prevention programs in your schools and community address all of these drugs? If not, take action to modify or expand your community's programs. Regarding treatment, NIDA research indicates that no single modality is appropriate for all individuals. Therefore, look at the range of treatment options in your community to determine what action needs to be taken to ensure that the treatment settings, interventions and services available meet the breadth of all clients' needs.

This Kit also describes some of NIDA's research on the nature of addiction and the anatomy of the brain's response to drugs. This information is crucial in helping people understand that addiction is a chronic relapsing disease like asthma and diabetes and needs to be viewed and treated in the same way.

Use NIDA's findings to educate your peers, policy makers, the media and residents about what works when it comes to preventing and treating drug abuse, and to garner support for an evidence-based strategy. NIDA publications and resources are available to help translate scientific-based information into easy-to-understand terms. Some of these are referenced in this Kit. For more about NIDA's research and publications, visit <http://www.nida.nih.gov/> or call 1-888-644-6432. When people have a clearer understanding of the nature of drug abuse and addiction and what works to prevent and treat drug abuse, they are more likely to lend their support.

## SOME FACTS ABOUT DRUG ABUSE

This fact sheet includes a sampling of the type of information that is available from NIDA, both online and through print publications. Compare these facts with data gathered locally to understand the scope of drug use and addiction in your community.

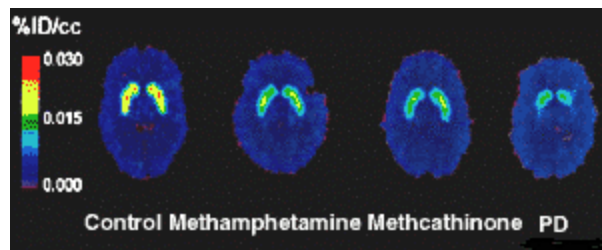
- ◆ The estimated economic costs to society for alcohol and drug abuse was \$276 billion for 1995 (projected from 1992, the latest year for which data are available) (*“The Economic Costs of Alcohol and Drug Abuse in the United States, 1992,”* National Institute on Drug Abuse, National Institute on Alcohol Abuse and Alcoholism, National Institutes of Health).
- ◆ During 1998, approximately one-third of all new AIDS cases in the U.S. were related directly or indirectly to injection drug use (*NIDA Notes*, Volume 14, Number 2, page 15).
- ◆ Club drugs such as MDMA (Ecstasy), GHB, Rohypnol, ketamine, methamphetamine, and LSD are gaining popularity among young people in the party scene. These drugs have been shown to cause serious health problems and, in some cases, even death (*NIDA Community Drug Alert Bulletin on Club Drugs*, December 1999).
- ◆ New intravenous drug users acquire the Hepatitis C virus (HCV) rapidly, with reported rates of 65 to 78 percent within one to two years of use (NIDA, 2000).
- ◆ Recent research conducted by NIDA has identified two chemicals in the brain of mice that appear to play an important role in the addiction process. The research reveals that prolonged drug use causes a “switch” to go on in the brain, symbolizing the onset of addiction. This new research begins to explain what the switch is and how it works. This sheds new light to help scientists come closer to understanding the causes of addiction (*NIDA Notes*, Volume 14, Number 2).
- ◆ Recent epidemiologic studies have shown that between 30 and 60 percent of drug abusers have concurrent mental health diagnoses including personality disorders, major depression, schizophrenia, and bipolar disorder (*NIDA Notes*, Volume 14, Number 4).
- ◆ Drug abusers who also suffer from mental illness are more likely to engage in behaviors that increase risk for HIV/AIDS. For example, two studies of injecting drug abusers have found that antisocial personality disorder (APD) is associated with a higher frequency of needle sharing (*NIDA Notes*, Volume 14, Number 4).
- ◆ Drug treatment reduces drug use by 40 to 60 percent and significantly decreases criminal activity during and after treatment (Alan I. Leshner, PhD., “Science-Based Views of Addiction,” *The Journal of the American Medical Association*, October 13, 1999, Volume 282, Number 14).
- ◆ Injection drug users who do not enter treatment are up to 6 times more likely to become infected with HIV than injection drug users who enter and remain in treatment (Ibid).

Much of this information is taken from *NIDA Notes*, a bimonthly newsletter covering drug abuse treatment and prevention research. For a free subscription, send a fax to (240) 632-0519 or email: [nidanotes@masimax.com](mailto:nidanotes@masimax.com). *NIDA Notes* can also be found on NIDA’s website.

## **THE EFFECTS OF DRUGS ON THE BRAIN**

Scientific advances, particularly over the past decade, have catapulted both our understanding of addiction and approaches to treating it. Research has in fact come to define addiction as a chronic, and for many people, reoccurring disease characterized by compulsive drug seeking and use in spite of negative consequences that results from the prolonged effects of drugs on the brain. A variety of studies of both humans and animals have demonstrated that prolonged drug use does in fact change the brain in fundamental ways that persist long after the individual has stopped taking drugs. By using advanced brain imaging technologies we can see what we believe to be the biological core of addiction.

The figure below shows one example of how long-term drug use can dramatically alter the human brain. These images show dopamine transporter binding in four different adults. The dopamine transporter is a key protein involved in the communication process between dopamine containing neurons. The scan on the left is that of a non-drug user, the next is of a chronic methamphetamine user who was drug free for about three years when this image was taken, followed by a chronic methcathinone abuser who was also drug free for about three years. The last image is of the brain of an individual newly diagnosed with Parkinson's Disease. When compared with the control on the left, one can see the significant loss in the brain's ability to transport dopamine back into brain cells. Dopamine function is critical to emotion regulation, is involved in the normal experience of pleasure and is involved in controlling an individual's motor function.



Moreover, the data now suggest that every drug of abuse – be it nicotine, heroin, cocaine, marijuana or amphetamine – increases the levels of the neurotransmitter dopamine in the brain pathways that control pleasure. It is this change in dopamine that we have come to believe is one fundamental characteristic of all abusable drugs and may be a central part of the common essence or biological core of addiction.

This kind of fundamental knowledge that NIDA-supported research generates gives us critical new insight into the long-term effects of drug exposure on the human brain and basic neuroscience research can provide new targets and approaches for the development of addiction medications.

*The above text is an excerpt from a draft of NIDA's Strategic Plan. At the date of this printing, this document was not yet in final form. To view the most recent version of the strategic plan, visit NIDA's website at <http://www.nida.nih.gov/>.*

### **Club Drugs Pose Serious Dangers**

Uncertainties about the sources, chemicals, and possible contaminants used to manufacture many club drugs make it extremely difficult to determine toxicity and resulting medical consequences. Because some club drugs are colorless, tasteless, and odorless, individuals who want to intoxicate or sedate others can add them unobtrusively to beverages. In recent years, there has been an increase in reports of club drugs used to commit sexual assaults (*NIDA Community Bulletin on Club Drugs*).

## SAMPLE SLIDES

Sample slides from NIDA's slide packet that demonstrate the effects of drugs on the brain, are available from Join Together. You can download the complete set of 31 slides from Join Together Online at <http://www.jointogether.org/NIDAslides> or call (617) 437-1500 to request that the Power Point File be emailed to you. Or, ask for colored overheads if you prefer. You can also order either option through the faxback included in this kit.

## PUTTING NIDA'S PREVENTION PRINCIPLES TO WORK

A number of local and national groups are putting NIDA's principles of prevention to work to increase their effectiveness in preventing drug use. Here are some examples of a few of the principles and how groups are putting them into practice. For the full list of prevention principles, see page 13 of this kit.

**PRINCIPLE:** *Prevention programs should target all forms of drug abuse, including the use of tobacco, alcohol, marijuana, and inhalants.*

**EXAMPLE:** While more physicians today are beginning to understand the effects of alcohol, drug and tobacco use on their patients' health, fewer are up to date on the latest information on inhalant use and its consequences. That's why the American Academy of Child and Adolescent Psychiatry (AACAP), the American Psychiatric Association, the American College of Preventative Medicine and the American Medical Association have teamed up to educate physicians nationwide to help them recognize the signs and symptoms of inhalant use and discourage patients from experimenting with dangerous household substances. (For more information, call AACAP at 202-966-7300 or email: [kpope@aacap.org](mailto:kpope@aacap.org).)

**PRINCIPLE:** *Prevention programs for adolescents should include interactive methods, such as peer discussion groups, rather than didactic teaching techniques alone.*

**EXAMPLE:** A project in California engages students in conducting their own scientific research into the effects of drug use. This NIDA-funded initiative creates Drug Abuse Research Teams (DARTS) in communities across the state. Students explore such things as the effects of steroids, caffeine, alcohol and dietary supplements on the body and the mind. This initiative helps students understand the impact of drug use and also sparks their interest in science. (For more information, call the San Joaquin County Office of Education at 209-468-9028 or visit <http://www.edserv.sjcoe.k12.ca.us/dart/home.html>.)

**PRINCIPLE:** *Community programs need to strengthen norms against drug use in all drug abuse prevention settings, including the family, the school, and the community.*

**EXAMPLE:** An innovative project in Northern Minnesota takes a multi-faceted approach to preventing underage drinking. The program, called Operation Northland, serves 24 districts in the state and focuses its work on three levels: reaching out through the family, through the school and through the community to change local norms about alcohol use by youth. This project is funded by a grant from the National Institute on Alcohol Abuse and Alcoholism (NIAAA). (For more information, contact Operation Northland at 612-626-9070.)

**PRINCIPLE:** *Schools offer opportunities to reach all populations and also serve as important settings for specific sub-populations at risk for drug abuse, such as children with behavior problems or learning disabilities and those who are potential dropouts.*

**EXAMPLE:** The Houston Safe Schools Initiative works through the local schools to reach youth at risk for substance abuse and violence. This program includes a Community Guidance Center that provides counseling for both youngsters and families who have problems and

operates an alternative elementary school for children who need special attention. This initiative has helped reduce student arrests and has also created important relationships between the schools and the community. (For more information, contact Robert Adams at 713-699-3988.)

### **PUTTING NIDA'S TREATMENT PRINCIPLES TO WORK**

NIDA's research has helped identify *Principles of Drug Addiction Treatment*. (A copy of this guide is included with this Kit.) Below are a few of these principles, along with examples of how groups are using them. Use these principles as a benchmark against which to measure your own community's approach to treating addiction. This information can also serve as a guideline to help advocate for needed policy changes locally and in your state.

**PRINCIPLE:** *Treatment needs to be readily available.*

**EXAMPLE:** San Antonio Fighting Back of the United Way takes an annual "snapshot" of local measures related to substance abuse and uses the findings, which are released in a Community Report, to guide local efforts. One of the important indicators that is followed over time is the accessibility of treatment in the target area. When this information is compared to the local need, it helps to create a clear picture of the community's situation. San Antonio's most recent report revealed that the number of people needing treatment had increased over a two-year period. The number of people enrolled in treatment programs also went up, but not proportionately. This means that there is still a gap that needs to be filled by making an adequate number of treatment slots available for all who need them. (For more information, contact San Antonio Fighting Back at (210) 271-7232. For more information about Fighting Back, visit <http://www.fightingback.org/>.)

**PRINCIPLE:** *Effective treatment attends to multiple needs of the individual, not just his or her drug use.*

**EXAMPLE:** Project Neighborhood Inc. Fighting Back in Kansas City links with local utility companies to give treatment graduates a second chance. Up until now, many treatment graduates were being turned away from public housing developments because they were unable to get utilities because of past due bills. This made them ineligible to qualify for public housing. Through the new collaboration with local utility providers, treatment graduates can arrange a payment plan to clear up outstanding debt and get utility service at the same time, so they can have a place to live. This helps increase their chances to stay alcohol and drug-free. (For more information, call Project Neighborhood at (816) 842-8515.)

**PRINCIPLE:** *Medical detoxification is only the first stage of addiction treatment and by itself does little to change long-term use.*

**EXAMPLE:** The Women's Recovery Program (WRP) understands the importance of offering a wide range of services to meet the special needs of women. WRP's comprehensive services are provided through a special grant from the Ohio Department of Alcohol & Drug Addiction Services. The program offers case management, assessment/ screening, advocacy, transportation, women's support groups, life skills education, childcare, parenting training, children's support groups, referral for in-house primary medical care, vocational counseling and HIV prevention and education. In addition, it places a special emphasis upon meeting the needs of women offenders and women with a significant disability. (For more information, call (330) 434-4141 or visit <http://www.commdrugbrd.org/women.htm>.)

**PRINCIPLE:** *An individual's treatment and services plan must be assessed continually and monitored as necessary to ensure that the plan meets the person's changing needs.*

**EXAMPLE:** The RAND Corporation is currently conducting a study to find out how well



adolescent treatment programs monitor and respond to the multiple needs of young adolescent probationers with a history of drug use. Funded by the Center for Substance Abuse Treatment (CSAT), this RAND Adolescent Outcomes Project is being carried out in cooperation with the Los Angeles Juvenile Courts, the Los Angeles County Department of Probation, the Phoenix Academy of Lake View Terrace, and six other adolescent group homes in Los Angeles County. The study examines issues such as drug use, school performance, criminal behavior, family and living environment, and psychosocial functioning and productive activity. The results of this project will be used to help improve adolescent drug use treatment and prevention services in the future. (For more information, contact the RAND Drug Use Policy Center at (310) 393-0411.)

**PRINCIPLE:** *Counseling (individual and/or group) and other behavioral therapies are critical components of effective treatment for addiction.*

**EXAMPLE:** A drug treatment and mentoring center in Wayne County, Michigan helps juvenile offenders with their drug and alcohol addictions. Under the new program, teens sentenced for felony crimes in Wayne County communities will be placed under the Growth Works umbrella. The nonprofit agency treats teen drug and alcohol abusers' multiple needs and helps to rehabilitate them by providing a wide range of counseling and other behavioral therapies they need as part of their treatment plan. (For more information, contact Growth Works at 734-455-4095.)

**PRINCIPLE:** *Treatment does not need to be voluntary to be effective.*

**EXAMPLE:** In Arizona, non-violent drug users who are charged with possession get sent to mandatory probation and treatment instead of prison. This is part of the state's Drug Medicalization Prevention and Control Act, which was first passed in 1996. As part of the Act, a Drug Treatment and Education Fund (DTEF) uses money collected from liquor taxes to cover the costs of placing drug offenders into specially targeted programs. In 1998, a total of 2,622 offenders were sent into treatment instead of jail or prison. Over three quarters of the participants (77.5%) tested drug-free after completing the program. (For more information, contact J.W. Brown, Director of Community and Media Relations for the Superior Court of Arizona, Maricopa County, at (602) 506-7378 or email: [jwbrown@smtpgw.maricopa.gov](mailto:jwbrown@smtpgw.maricopa.gov).)

### **Methamphetamine is a Serious Problem in Some Communities**

Methamphetamine use is associated with serious health consequences, including memory loss, aggression, violence, psychotic behavior, and potential cardiac and neurological damage. Methamphetamine use can contribute to higher rates of transmission of infectious diseases, especially hepatitis and HIV/AIDS. Cases of methamphetamine use are being reported in San Diego, San Francisco, Phoenix, Atlanta, St. Louis, Denver, Honolulu, Los Angeles, Minneapolis/St. Paul, Philadelphia, Seattle, Dallas, and many rural regions of the country. If you live in one of these cities where methamphetamine or other club drugs are a real problem, help to get the word out in your community that the use of this and other club drugs can cause serious consequences.

**To learn more about the effects of different club drugs and to find out what you can do about this problem locally, visit <http://www.clubdrugs.org/>.**

## **WHAT YOU CAN DO AS PART OF YOUR STRATEGY TO REDUCE DRUG USE**

*Here are some suggestions of things you can do to help reduce drug use in your community. Share these ideas with others and work together to determine how you can best implement these and other action steps locally.*

- ◆ Work with other groups to convene a town meeting to educate your community about the nature of drug addiction and its cost (economic, work productivity, health costs, etc.), as well as the need to make treatment available for all who need it. Present local data.
- ◆ Host a training to present NIDA Principles of Prevention and Treatment to social workers, physicians, nurses, treatment staff and others who work with addicts.
- ◆ Plan a briefing for the media. Share NIDA's research findings at a breakfast or editorial meeting. Present local data about drug use in your community.
- ◆ Use the NIDA Principles to evaluate your community's prevention and/or treatment services to determine areas that need to be strengthened. Chances are, some of the NIDA principles are already being followed by local programs but there may not be a widespread understanding of what is being done and why.
- ◆ Take this opportunity to share the latest knowledge about drug addiction with elected officials in your community and state. Encourage them to support effective policies, such as parity, which means that health insurance companies must provide the same degree and types of coverage for substance abuse treatment as they provide for other medical conditions.
- ◆ Work to overcome some of the stigma associated with addiction. Help others understand that drug addiction is a disease and not a moral weakness. You can begin to do this by using the analogy that people with cancer sometimes need to try a range of treatments in order to manage their disease and stop the progression. The same is true for some people with drug addictions.
- ◆ Reach out to other groups to create a communitywide strategy to acknowledge and support people who are in recovery. For instance, host an event at your statehouse close to Mother's Day to publicly recognize women in recovery. Invite legislators to participate in the ceremony, by presenting a certificate to mothers who are their constituents.

### **Take Action Against Club Drugs in Your Community**

Club drugs are a growing problem in communities across the United States. That's why NIDA is partnering with the American Academy of Child and Adolescent Psychiatry (AACAP), Community Anti-Drug Coalitions of America (CADCA), Join Together, and National Families In Action to launch a national research and education initiative. Help get the message out locally that these drugs cause serious consequences. Educate the media, elected officials, police and young people about the risks. For more information, visit <http://www.clubdrugs.org/>.



## **ASSESS LOCAL PROBLEMS TO GUIDE YOUR EFFORTS**

*Strategies you employ in your community should be specifically tailored to utilize local resources to address local problems. Therefore, a strategy that addresses marijuana use among high school students is not the most appropriate choice to implement in your city or town unless this is the most pressing issue for you. It could be that excessive drinking or club drugs are the most serious issues among youth in your neighborhood. Or perhaps adult cocaine use is cause for greatest action locally. Use concrete facts and data to define local problems and decide where to focus your efforts. (For more information on using local data, see NIDA's "Assessing Drug Abuse Within and Across Communities – Community Epidemiology Surveillance Networks on Drug Abuse," 1998. You can view this publication online on NIDA's website at <http://165.112.78.61/DEPR/Assessing/Guideindex.html> or download the PDF file. You can also order by phone by calling NCADI at 1-800-729-6686.)*

- ◆ Review and analyze local drug use and epidemiology surveys done by groups in your community and in your state. See how your community compares with others in your area.
- ◆ Talk with your local health department, hospitals, drug treatment facilities, law enforcement agencies and the board of education in your community and ask them to share with you the data they regularly collect. This information will help to paint a picture of what is happening in your city or town.
- ◆ Convene focus groups to find out people's knowledge about drug use in your community. Be sure to include people who are in recovery.
- ◆ Follow data over time to identify local trends and emerging problems. You will also be able to tell where your work is having an impact or see new drug use that needs attention.
- ◆ Use Geographic Information System mapping or ethnographic studies, which apply a systematic process to map out areas where different problems exist in communities. These "pictures" illustrate those neighborhoods where multiple problems co-exist, painting a telling story. For instance, you may see a concentration of crime, emergency-room admissions related to drug use, high unemployment and lack of public transportation all in one neighborhood. This information can help to alert community leaders to a need that exists and can help inform future policy decisions and potential programs.

### **NIDA Research Forms the Basis for Training Treatment Providers in Massachusetts**

The Wayside Youth and Family Support Network in Framingham, Mass., is using the NIDA principles to help local treatment providers be more effective. Wayside is a multi-service agency with many different types of treatment programs under its umbrella. Elizabeth Reid, Vice President of Clinical Services, first became excited about NIDA research when she attended a conference jointly sponsored by NIDA and Join Together in the summer of 1999. She said seeing the research presented by NIDA staff gave it a stronger impact than just reading about it in a report or pamphlet. She decided to model this method of learning by presenting the findings to others in her community who could also benefit from the latest knowledge about addiction as a brain disease and could implement some of the prevention and treatment principles to strengthen their own programs. Reid conducted a series of trainings for local service providers using the NIDA information and provided ideas of how to apply these concepts to their own work. She downloaded slides from NIDA's website and used these as the basis for her presentation to give it more weight. These trainings have already had an impact on the way that people do their work. Reid stated that a number of clinicians said that they plan to use the NIDA information with their clients, and refer to the actual slides and information as a real prevention tool. For more information, contact Reid at (508) 879-9800, ext. 237 or email: [ereid@waysideyouth.org](mailto:ereid@waysideyouth.org).

### **SAMPLE OP-EDS**

*Available in this action kit are sample NIDA Op-Eds which appeared in major daily newspapers. Ask your local newspaper to reprint the information – either as is or with some local statistics and anecdotes added to make it even more relevant in your community. We also encourage you to run these in your own newsletter or post them on your website. In addition, share them with other groups and professional organizations and suggest they include them in an upcoming issue of their newsletter, journal or other publications.*

### **NIDA'S PREVENTION PRINCIPLES**

*This information comes from NIDA's Booklet, "Preventing Drug Use Among Children and Adolescents." We encourage you to copy this list and share it with others in your community. Compare these principles with the programs and activities underway in your community.*

- ◆ Prevention programs should be designed to enhance "protective factors" and move toward reversing or reducing known "risk factors."
- ◆ Prevention programs should target all forms of drug abuse, including the use of tobacco, alcohol, marijuana, and inhalants.
- ◆ Prevention programs should include skills to resist drugs when offered, strengthen personal commitments against drug use, and increase social competency (e.g., in communications, peer relationships, self-efficacy, and assertiveness), in conjunction with reinforcement of attitudes against drug use.
- ◆ Prevention programs for adolescents should include interactive methods, such as peer discussion groups, rather than didactic teaching techniques alone.
- ◆ Prevention programs should include a parents' or caregivers' component that reinforces what the children are learning—such as facts about drugs and their harmful effects—and that opens opportunities for family discussions about use of legal and illegal substances and family policies about their use.
- ◆ Prevention programs should be long-term, over the school career with repeat interventions to reinforce the original prevention goals. For example, school-based efforts directed at elementary and middle school students should include booster sessions to help with critical transitions from middle to high school.
- ◆ Family-focused prevention efforts have a greater impact than strategies that focus on parents only or children only.
- ◆ Community programs that include media campaigns and policy changes, such as new regulations that restrict access to alcohol, tobacco, or other drugs, are more effective when they are accompanied by school and family interventions.
- ◆ Community programs need to strengthen norms against drug use in all drug abuse prevention settings, including the family, the school, and the community.
- ◆ Schools offer opportunities to reach all populations and also serve as important settings for specific subpopulations at risk for drug abuse, such as children with behavior problems or learning disabilities and those who are potential dropouts.
- ◆ Prevention programming should be adapted to address the specific nature of the drug abuse problem in the local community.

- ◆ The higher the level of risk of the target population, the more intensive the prevention effort must be and the earlier it must begin.
- ◆ Prevention programs should be age-specific, developmentally appropriate, and culturally sensitive.
- ◆ Effective prevention programs are cost-effective. For every dollar spent on drug use prevention, communities can save 4 to 5 dollars in costs for drug abuse treatment and counseling.

## **ORDER FORM AND FAXBACK QUESTIONNAIRE**

Join Together and NIDA would like to know how you plan to use the information presented in this kit to strengthen prevention and treatment efforts in your community. Please take a few minutes to answer the following questions and fax this back to:

**JOIN TOGETHER**  
**(617) 437-9394**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Do you receive NIDA publications? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you tried to apply NIDA's prevention and treatment principles to your organization's work or to other efforts underway in your community in the past? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

If no, do you plan to in the future? \_\_\_\_\_ Yes \_\_\_\_\_ No

What are some of the ways you might use the material we provided in this kit in the future to strengthen your community's strategy to reduce drug abuse? (please specify)

\_\_\_\_\_ Share it with others (please specify below)

\_\_\_\_\_ board members \_\_\_\_\_ local media \_\_\_\_\_ colleagues \_\_\_\_\_ clergy/faith community

\_\_\_\_\_ elected officials \_\_\_\_\_ coalition members \_\_\_\_\_ youth group \_\_\_\_\_ health care providers

\_\_\_\_\_ others: \_\_\_\_\_

\_\_\_\_\_ Use it to build alliances with other groups

\_\_\_\_\_ Educate the public through the local media

\_\_\_\_\_ Evaluate existing programs: \_\_\_\_\_ prevention \_\_\_\_\_ treatment (check either or both)

\_\_\_\_\_ Other (please explain): \_\_\_\_\_

Do you plan to start any new projects or activities as a result of the information we provided?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain:

☐ Please check this box to have a Power Point File of NIDA's slides email to you at: \_\_\_\_\_ (include email address here) .

☐ Please check this box to have colored overheads of the slides sent to the street address listed at the top of this form.

\*\*\*\*Remember that you can also download the slides from <http://www.jointogether.org/NIDAslides>.

Thank You!

